



**PROJECT LIFESAVER of
HAMILTON COUNTY
REQUEST FOR SERVICES**



Date: _____

Name of Potential Client: _____

Address: _____

City the Perspective Client Lives in: _____

Client Diagnoses: _____

Quick Contact Phone Number: _____

Date of Birth: _____ **Age:** _____

Sex: Male Female

Does client have 24 Hour Supervision? _____

Physical condition that leads to wandering: _____

Number of times person has wandered / brief description of circumstances:

How did you find out about Project Lifesaver: _____

Name of Caretaker: _____ **Phone:** _____

FOR OFFICIAL USE ONLY:

Project Lifesaver Representative: _____

Notes: _____

Disposition: _____